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April 13, 2015

Wisconsin Department of Health Services Division of Quality Assurance Attn: Records Custodian P.O. Box 2969 Madison, WI 53701-2969

RE: Public Records Request

Dear Records Custodian:

I hereby request copies of reports and other documents relating to any DHS investigation of violation of the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd, relating to or arising from the report attached hereto, or relating to or arising from any patient referenced in the report attached hereto. My firm will pay the prescribed cost for copying, but please contact me at the direct line above if the cost will exceed \$50.00. Thank you for your attention.

Very truly yours,

GODFREY, LEIBSLE,

BLACKBOURN & HOWARTH, S.C.

By:

Michael J. Frazier

MJF:jks Enclosure

cc: Dr. Kamal Muzaffar

Mr. Lisle W. Blackbourn

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Wisconsin Department of Health Services PRINTED: 10/13/2010 FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (CZ) MULTIPLE CONSTRUCTION pa) DATE SURVEY A. BUILDING COMPLETED B. WING 1062 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 21P CODE 08/24/2010 MERCY WALWORTH HOSPITAL & MEDICAL C N2960 STATE ROAD 67 LAKE GENEVA, WI 53147 (EACH DEPCIENCY MUST BE PRECEDED BY PULL REQULATORY OR LISC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION GACH CORRECTIVE ACTION SHOULD BE ROSS-REPERENCED TO THE APPROPRIATE PREFIX DEFICIENCY R 000 INITIAL COMMENTS R.000 Surveyor: 26711 An unannounced on-elte survey was conducted at Mercy Walworth Hospital in Lake Geneva, WI from 8/23/2010-8/24/2010 for complaint #W100015220. Mercy Walworth Hospital was found to be out of compliance with WI Administrative Code for Hospitale, DHS 124, in the areas of Patient Rights, Nursing Services, and Medical Records. The following abbreviations are used throughout this statement of deficiency: RN=Registered Nurse, ER=Emergency Room, MD=Medical Doctor, Pt.=Patient. R 247 124.05(3)(a)1.I. GOVERNING BODY - POLICIES R 247 Patient rights and responsibilities. Every hospital shall have written policies established by the governing board on patient rights and responsibilities which shall provide Except in emergencies, the patient may not be transferred to another facility without being given a full explanation for the transfer, without provision being made for continuing care and without acceptance by the receiving institution;
This Rule is not met as evidenced by: Surveyor: 28711 Based on policy/procedure review, review of facility's transfer form (COBRA form), staff interviews, and medical record reviews, this facility falled to document the risks and benefits For long term care providers, a plan of correction is required for class A, B, & C violation LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE **OSSIDATE** STATE FORM XVQZ11

Wisconsin Department of Health Services PRINTED: 10/13/2010 FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER: (CI) MULTIPLE CONSTRUCTION (XX) DATE SURVEY A BUILDING COMPLETED 1062 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 08/24/2010 MERCY WALWORTH HOSPITAL & MEDICAL C N2960 STATE ROAD 67 LAKE GENEVA, WI 53147 SUMMARY STATEMENT OF DEPICIENCIES

EACH DEPICIENCY MUST BE PRECEDED BY PULL
EGULATORY OR LISC EDENTIFYING INFORMATION) REFIX PROVIDER'S FLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE COSS-REFERENCED TO THE APPROPRIAT PREFEC COMPLETE DATE DEFICIENCY R 247 Continued From page 1 R 247 for transfers to a higher level of care facility when such transfers occurred, in 6 out of 6 medical records reviewed (Patients #10, 11, 12,13, 14, and 15) out of a total of 15 records reviewed. Failure to document individualized ricks and benefits to patients related to transfers falls to identify the unique needs of each patient. requiring an advanced level of care. Findings include: Facility policy titled, "Patient Rights and Responsibilities," dated 5/26/09 and reviewed by Surveyor #26711 on 8/23/2010 at 3:30 p.m., states on page 2, 2.7, that patients have, "The right, except in emergencies, not to be transferred to another facility without being given a full explanation of the transfer, without provision being made for continuing care, and without acceptance by the receiving institution." Facility policy titled, "EMTALA Screening, Treatment & Transfer of Patients," dated 5/12/09 and reviewed by Surveyor #25711 on 8/23/2010 at 3:30 p.m., states in section D. Patient Transfers, 1.0, b., "Physician Certification...The certification must contain a summary of the specific risks and benefits on which it is based." The facility's transfer form (COBRA form) is a computer generated form which reliterates
Federal EMTALA (Emergency Medical Treatment and Active Labor Act) regulations and language. There are seven sections to this form: Patient's Condition; Reason for Transfer; Transfe Requirements; Consent; Certification; Items sent with Patient; and Nurse Certification. The section titled, "Patient's Condition," is a

irm care providers, a plan of correction is required for class A, B, & C violatio

computer generated statement and does not

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Wisconsin Department of Health Services FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OCO MULTIPLE CONSTRUCTION (XX) DATE SURVEY COMPLETED A SUILDING B. WING 1062 08/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE N2960 STATE ROAD 67 MERCY WALWORTH HOSPITAL & MEDICAL C LAKE GENEVA, WI 53147 SUMMARY STATEMENT OF DEPICIENCIES EACH DEPICIENCY MUST BE PRECEDED BY FULL EQUILATORY OR LISC IDENTIFYING REPORMATION) (04) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REFIX TAG D COMPLETE DATE PREFIX RENCED TO THE APPROPRIATE R 247 Continued From page 2 R 247 include any medical information about the patient at all. It is the same for all 6 patients. The section titled, "Reason for Transfer," does not identify why the patient requires transfer to a higher level of care facility other than a computer generated statement that states, "... The medical benefits reasonably expected for the provision of appropriate medical freatment in another medical facility outweigh the increased risks, if any, to the individual's medical condition from effecting the transfer. Benefits include definitive care not available at our facility and ricks include a MVA [motor vehicle accident] and deterioration of condition during travel." This statement does not identify risks and benefits specific to the patient and is the same for all 6 patients. in an interview with RN Lead E on 8/23/2010 at 3:45 p.m., when asked where the documentation of the patient's risks and benefits for transfer would be, stated, "It would be in the dictation." in an interview with ER MD F on 8/24/2010 at 8:05-8:12 a.m., in response to the question, "How are risks and benefits of transfer documented?" MD F responded, "Risks and benefits are dictated, generally not hand written." MD F stated that if a patient leaves against medical advise then the risks and benefits might be written in on that form. MD F also stated that this is F's practice and cannot speak to what other MD's do. A review of Pt. #10's ER record from 2/13/2010 was reviewed on 8/23/2019 at 1:10 p.m. Pt. #10 came to the ER with cheet pain, shortness of breath, and a very high blood sugar. Pt. #10 signed a transfer form to be transferred to a higher level of care facility. There is no For long term care providers, a plan of correction is required for class A, B, & C violation STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 1082		ER/CLIA MOER:	(CQ) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(CS) DATE SURVEY COMPLETED C		
MERCY WALWORTH HOSPITAL & MEDICAL C N2960 ST LAKE GE				ORESE, CITY, STATE, ZIP CODE 'ATE ROAD 67 NEVA, WI 83147			24/2010
(X4) EÓ PRÉFOX TAG	SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION)		PREPIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CONNECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE	
	Continued From page documentation within what the benefits or a three findings were and RN Lead E on 8. A review of Pt. \$11's was reviewed on 8/2/came to the ER with sevel in the blood), this blatelets-abnormal blatelets-abnormal blatelets-abnormal blatelets-abnormal blatelets problems. Po be transferred to a three is no document second stating what three series are.	the medical record risks for the transfer confirmed by RN Mi (23/2010 at 3:45 p.m ER record from 1/15 M/2010 at 8:50 a.m. mild anemia (low oxyombocytopenia (low beding time) and oth higher isvel of care is attention within the care is attention.	Anager D A/2010 Pt. #11 ygen yer fer form facility.	R 247	w,		
(in	review of Pt. #12's as reviewed on 8/24's me to the ER with right matter infermation/infection at an extensive meditransfer form to be transfer facility. There is a medical record statics for the transfer ar	2010 at 9:03 a.m. Fight leg cellulities of the tissues) and cell history. Pt. #12: ansferred to a higher an odocumentation what the cellulities was a cellulities what the cellulities what the cellulities was a cellulities where the cellulities was a cellulities where cellulities was a cellulities what the cellulities was a cellulities where cellulities where cellulities was a cellulities where cellulities was a cellulities where cellulities was a cellulities where cellulities where cellulities was a cellulities where cellu	also signed r level				
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can sign	eview of Pt. #14's ER a reviewed on 8/24/2 ne to the ER with a k ned a transfer form to ner level of care facili providers, a plan of come	010 at 8:50 a.m. Pt. idney infection. Pt. i b be transferred to a ty. There is no	#14				

PRINTED: 10/13/2010

Wisconsin Department of Health Services FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (PC2) MULTIPLE CONSTRUCTION (03) DATE SURVEY COMPLETED A. BUILDING B. WING 1062 NAME OF PROVIDER OR SUPPLIER 08/24/2010 STREET ADDRESS, CITY, STATE, ZIP CODE N2960 STATE ROAD 67 LAKE GENEVA, WI 83147 MERCY WALWORTH HOSPITAL & MEDICAL C SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION (BACH CORRECTIVE ACTION SHOULD BE CROSS-REPERBACED TO THE APPROPRIATE COMPLETE DATE TAG DEFICIENCY) R-247 Continued From page 4 R 247 documentation within the medical record stating what the benefits or risks for the transfer are or what the reason for transfer is. A review of Pt. #15's ER record from 1/19/2010 was reviewed on 8/24/2010 at 8:50 a.m. Pt #15 came to the ER with restricted blood flow to the left hand and a heart problem. Pt.#15 signed a transfer form to be transferred to a higher level of care facility. There is no documentation within the medical record stating what the benefits or risics for the transfer are or what the reason for transfer is. These findings were confirmed by RN Manager D on 8/24/2010 at 9:30 a.m. For long term care providers, a plan of correction is required for class A, B, & C violations. STATE FORM

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